MASSACHUSETTS STATE ETHICS COMMISSION ONE ASHBURTON PLACE – RM 619 BOSTON MA 02108-1501 (617) 371-9500

STATEMENT OF FINANCIAL INTERESTS FOR CALENDAR YEAR 2008

Please provide the requested information. As required by G.L. c. 268B, the Financial Disclosure Law, you must answer all questions to the best of your knowledge. If your answer to any question is "none" or if any question is not applicable to you, check "Not Applicable". If extra space is needed to complete a response, attach additional pages, clearly noting to which question the information relates.

1: R	Reporting	Data
------	-----------	------

Person	
Reporting:	
Address:	
City:	
State:	
Zip:	
Office Phone:	
Fax Number:	
Email:	
Name of	
spouse residing	
in your	☐ Not Applicable
household:	Trot rippiicable
Name of	
dependent	
child(ren)	
residing in	
your	☐ Not Applicable
household:	
2: Candidate: I am a candidate for the following office:	
Office:	
3: Positions Held	
This question indicates the reason you are required to file a Statement of Financial Interests	
completed. If you were recently appointed, you must also complete this question. Identify ea	ch position you
completed. If you were recently appointed, you must also complete this question. Identify ea held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and	ch position you report AMOUNT
completed. If you were recently appointed, you must also complete this question. Identify ea	ch position you report AMOUNT in 2008, complete
completed. If you were recently appointed, you must also complete this question. Identify ea held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and of INCOME derived from each position in 2008. If you did not earn any INCOME in this position	ch position you report AMOUNT in 2008, complete
completed. If you were recently appointed, you must also complete this question. Identify ea held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and of INCOME derived from each position in 2008. If you did not earn any INCOME in this position the question but check the Income Not Applicable box. For AMOUNT categories see Instructions	ch position you report AMOUNT in 2008, complete
completed. If you were recently appointed, you must also complete this question. Identify ea held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and of INCOME derived from each position in 2008. If you did not earn any INCOME in this position the question but check the Income Not Applicable box. For AMOUNT categories see Instructions Agency in	ch position you report AMOUNT in 2008, complete
completed. If you were recently appointed, you must also complete this question. Identify ea held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and of INCOME derived from each position in 2008. If you did not earn any INCOME in this position the question but check the Income Not Applicable box. For AMOUNT categories see Instructions Agency in which you	ch position you report AMOUNT in 2008, complete
completed. If you were recently appointed, you must also complete this question. Identify ea held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and of INCOME derived from each position in 2008. If you did not earn any INCOME in this position the question but check the Income Not Applicable box. For AMOUNT categories see Instructions Agency in which you	ch position you report AMOUNT in 2008, complete
completed. If you were recently appointed, you must also complete this question. Identify ea held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and of INCOME derived from each position in 2008. If you did not earn any INCOME in this position the question but check the Income Not Applicable box. For AMOUNT categories see Instructions Agency in which you serve(d):	ch position you report AMOUNT in 2008, complete
completed. If you were recently appointed, you must also complete this question. Identify ea held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and of INCOME derived from each position in 2008. If you did not earn any INCOME in this position the question but check the Income Not Applicable box. For AMOUNT categories see Instructions Agency in which you serve(d): Your Position:	ch position you report AMOUNT in 2008, complete
completed. If you were recently appointed, you must also complete this question. Identify ea held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and of INCOME derived from each position in 2008. If you did not earn any INCOME in this position the question but check the Income Not Applicable box. For AMOUNT categories see Instructions Agency in which you serve(d): Your Position: Start Date:	ch position you report AMOUNT in 2008, complete
completed. If you were recently appointed, you must also complete this question. Identify ea held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and of INCOME derived from each position in 2008. If you did not earn any INCOME in this position the question but check the Income Not Applicable box. For AMOUNT categories see Instructions Agency in which you serve(d): Your Position: Start Date: End Date if applicable: Amount of	ch position you report AMOUNT in 2008, complete
completed. If you were recently appointed, you must also complete this question. Identify ea held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and of INCOME derived from each position in 2008. If you did not earn any INCOME in this position the question but check the Income Not Applicable box. For AMOUNT categories see Instructions Agency in which you serve(d): Your Position: Start Date: End Date if applicable: Amount of Income Earned	ch position you report AMOUNT in 2008, complete

4: Other Government Position(s)

Identify any other government position(s) held by you or an IMMEDIATE FAMILY MEMBER (spouse or dependent child) in any federal, state, county, district or municipal agency, compensated or uncompensated, full or part-time in 2008.

part-time in 2008.	□ Not Applicable
Name of Governmental	Пистрисанс
Entity:	
Position Held:	
Filer or Immediate Family	
Member:	
Income (Filer Only):	
5: Employment and Other Asso Profit Organizations)	ociations with Businesses and Non-Governmental Entities (Including Non-
	hich you or an IMMEDIATE FAMILY MEMBER (spouse or dependent child) ployee, or as a partner, proprietor, officer, director, or in any similar managerial posted or uncompensated
cupacity, run or part time, compe	□ Not Applicable
Name of Business:	
Address:	
Position Held:	
Filer or Immediate Family	
Member:	
Gross Income	
(Filer Only):	
than 1% during 2008.	UITY of which you and/or an IMMEDIATE FAMILY MEMBER(S) owned more Not Applicable
Name of Business:	
Address:	
Percent Owned	
(Filer Only):	
	NESS (reported in Question 5 or 6) with which you are associated which you FAMILY MEMBERS during 2008.
Name of Business:	□ Not Applicable
Description of Equity:	
To Whom Transferred:	
8: Leaves of Absence	
Identify any BUSINESS with wh	hich you (not an IMMEDIATE FAMILY MEMBER) were previously associated standing in 2008 with regard to employment at any time in the future.
	□ Not Applicable
Name of Business:	
Address:	

Identify any GIFTS received by you or an I	MMEDIATE FAMILY MEMBER during 2008. ☐ Not Applicable
Name of Source:	1 Not Applicable
Address of Source:	
Affiliation (if applicable):	
Recipient:	
Value (Filer Only):	
Nature of Services or Other	
Consideration Given in Exchange:	
10: Honoraria	
Identify any honoraria received by you or a	nn IMMEDIATE FAMILY MEMBER during 2008. □ Not Applicable
Name of Source:	1 Not Applicable
Address of Source:	
Affiliation (if applicable):	
Recipient:	
Value (Filer Only):	
· · · · · · · · · · · · · · · · · · ·	
Nature of Services or Other	
Consideration Given in Exchange:	
11: Reimbursements	
Identify any reimbursements received by you	ou or an IMMEDIATE FAMILY MEMBER during 2008.
Name of Source:	1100 replicable
Address of Source:	
Affiliation (if applicable):	
Recipient:	
Value (Filer Only):	
Nature of Services or Other	
Consideration Given in Exchange:	
Consideration Given in Exchange.	
12: State or Local Government Securities	S
agency or municipality located in the Commreport any INCOME received by you in 200 state bonds and county employees who own	lue in excess of \$1,000, issued by the Commonwealth, any public nonwealth owned by you or an IMMEDIATE FAMILY MEMBER and 08 in excess of \$1,000. Please be aware that state employees who own a county bonds may need to file a disclosure of such ownership with the ch ownership here. See Instructions for more information.
Name of Issuer:	Плог Аррисанс
Description of Security:	
Income (Filer Only):	
meome (Ther Only).	
13: Securities and Investments	
beneficially owned by you and/or IMME securities and investments held in trust, se	nmonwealth's U-Fund, with a fair market value in excess of \$1,000 EDIATE FAMILY MEMBERS as of December 31, 2008. To report e Questions 14, 15 and 16. Any INCOME received by you in 2008 in y the Commonwealth or public agency or municipality located in the tion 12.
Commonwealth should be reported in Ques	uon 12. □ Not Applicable
Name of Issuer:	1100 12ppicusic
Description of Security:	
Principal Place of Business:	
Owner (Filer or Immediate Family	

Member:

14: Creation of Business and Charitable Trusts

Percent of Equity Owned

(Filer Only):

Each of the following Questions (14-21) is concerned with a specific aspect of the interests held by you or an IMMEDIATE FAMILY MEMBER in a trust as of December 31, 2008. Please respond to each Question, including those which do not apply (by checking not applicable). Please review the Instructions which detail what should be disclosed.

disclosed.	□ Not Applicable
Name of Trust:	1 Not Applicable
Address:	
Date Trust Created:	
Name of Grantor(s):	
Trustee(s):	
Beneficiaries:	
Percent of Equity Owned	
(Filer Only):	
Income (Filer Only):	
15: Business and Charitable Trust Holding	gs MEDIATE FAMILY MEMBER has a beneficial interest. Please
	on 14 and then disclose the holdings in this Question.
27 000	☐ Not Applicable
Name of Trust:	
Name of Issuer:	
Description of Security:	
Real Estate Holding(s):	
16: Family Trusts	
Report all securities and other investments w	rith a fair market value in excess of \$1,000 held in the trust(s) and ATE FAMILY MEMBERS as of December 31, 2008.
	□ Not Applicable
Beneficiaries (Filer or Immediate	
Family Members Only):	
Name of Issuer:	
Description of Security:	
Real Estate Holding(s):	
17: Creation of Realty Trusts	
If you or an IMMEDIATE FAMILY MEMB trust, you need to answer this question.	SER have a beneficial ownership interest or serve as a trustee in a realty
	□ Not Applicable
Name of Trust:	
Address:	
Date Trust Created:	
Name of Grantor(s):	
Trustee(s):	
Beneficiaries (Filer or Immediate	
Family Members Only):	

18: Realty Trust: Real Property Holdings

Report realty	trust property	holdings as of	December 3	1, 2008 if	you have a	beneficial	ownership	interest i	n the
trust									

	☐ Not Applicable
Name of Trust:	
Address of Property Held in Trust:	
Description of Property Held in Trust:	
Assessed Value (Filer Only)	
(Massachusetts Property Only):	
Record Owner(s)	
(Name(s) on Deed):	
Net Income (Filer Only):	
19: Realty Trust: Mortgage Obligations	
	second mortgage loans, home equity and reverse mortgage loans is held in trust, report only the address, name and address of the mortgage is due.
	☐ Not Applicable
Address of Property:	
Creditor Name:	
Creditor Address:	
Original Amount Borrowed	
(Filer Only):	
Amount Owed (Filer Only): Terms of Repayment Interest Rate:	
Year Mortgage Due or Terminated:	
Teal Wortgage Due of Terminated.	
20: Trusts: Purchases/Transfers of Property (In	Massachusetts Only)
Report all purchases/transfers of any trust property	which occurred during 2008.
	☐ Not Applicable
Address of Property:	
Description of Property Held in Trust:	
Name and Address of Seller or	
Transferor:	
21: Trusts: Sales/Transfers of Property (In Mass	achusetts Only)
Report all sales/transfers of any trust property which	n occurred during 2008.
	☐ Not Applicable
Address of Property:	
Description of Property Held in Trust:	
Name and Address of Purchaser or	
Transformation	

22: Real Property Owned In Massachusetts

Identify any real property in Massachusetts with an assessed value in excess of \$1,000 in which you and/or an
IMMEDIATE FAMILY MEMBER held an interest as of December 31, 2008. Exclude out-of-state primary
residence, and properties held for investment or rental purposes. Property held in a realty trust should be reported in
Ouestion 18.

	☐ Not Applicable
Address:	
Description of Property:	
Person Holding Interest	
Record Owner(s):	
Assessed Value (Filer Only):	
23: Investment and Rental Properties	
value in excess of \$1,000, held for investment	out-of-state including time-sharing arrangements, with an assessed or rental purposes, in which you and/or an IMMEDIATE FAMILY ancial interest as of December 31, 2008. Property held in a realty trust properties held chiefly for enjoyment.
	☐ Not Applicable
Address:	
Description of Property:	
Person Holding Interest	
Record Owner(s):	
Assessed Value (Filer Only):	
Net Income (Filer Only):	
	which were purchased or otherwise transferred to you/or an ne during 2008. Property purchases held in a realty trust should be
	□ Not Applicable
Address:	
Description of Property:	
Name and Address of Seller or	
Transferor:	
25: Real Property Sales	
	which were sold or otherwise transferred from you and/or an ne during 2008. Property sales held in a realty trust should be reported
	☐ Not Applicable
Address:	
Description of Property:	
Name and Address of Purchaser or	
Name and Address of Turchaser of	

26: Mortgage Loan Information

Identify each mortgage loan including second mortgage loans, home equity and reverse mortgage loans in excess of \$1,000 outstanding on December 31, 2008 for which you or any IMMEDIATE FAMILY MEMBER were obligated. For your primary residence, exclude the original AMOUNT borrowed or owed.

Tor your primary residence, exclude the original	□ Not Applicable
Address of Property:	
Creditor Name:	
Creditor Funic.	
Creditor Address:	
Original Amount Borrowed	
(Filer Only):	
Amount Owed (Filer Only):	
Terms of Repayment Interest Rate:	
Year Mortgage Due or Terminated:	
27: Mortgage Receivable Information	
MEMBER held a mortgage. Also identify ear or rental purposes on which you and/or an IM and address of the issuer, i.e., the person obliging	Massachusetts on which you and/or an IMMEDIATE FAMILY ich parcel of real estate located out-of-state which is held for investment IMEDIATE FAMILY MEMBER hold a mortgage. Report the name gated to you in 2008, and the assessed value. If the mortgage is held IR, exclude the assessed value of the property. Exclude: mortgages on chiefly for enjoyment.
Address:	
Description of Property:	
Name of Issuer:	
T	
Issuer's Address:	
Assessed Value (Filer Only):	
28: Other Creditor Information	
property(ies) located out-of-state, in excess of on December 31, 2008. You must report the late to guarantee a loan) assigned to guarantee particle. Any liability of \$1,000 or less; instate and dental debts; credit card purchases (other spouse or close relative or debts incurred in the	uding mortgage(s), home equity and reverse mortgage loans on f \$1,000 owed by you and/or any IMMEDIATE FAMILY MEMBER oan collateral, which is the property (including insurance policies used yment of funds. Certain personal and business loans are excluded. allment loans (cars, household effects, etc.); educational loans; medical than cash advances); support or alimony obligations; debts owed to the ordinary course of a BUSINESS.
Creditor Name:	
Creditor Address:	
Original Amount Borrowed	
(Filer Only):	
Amount Owed (Filer Only):	
Terms of Repayment Interest Rate:	
Year Due or Terminated:	
Loan Collateral:	

29: Debts Forgiven

Identify each creditor who during 2008 forgave an indebtedness in excess of \$1,000 owed by you or an IMMEDIATE FAMILY MEMBER. Certain loans are excluded. Exclude: Any forgiven indebtedness less than \$1,000; debts forgiven by a spouse, a close relative, or the spouse of a close relative.

	□ Not Applicable
Creditor Name:	
Address:	
Amount Forgiven	
(Filer Only):	
30: Certification	
I	certify that:
(signature)	
IMMEDIATE FAMILY ME	effort to obtain reportable information concerning myself and EMBER(S); and on this form is true and complete, to the best of my knowledge.
Submitted under the pains and p	
	(date)
The following Immediate Family complete this Statement fully an	y Members declined to disclose information which is necessary to ad accurately:
The following are the specific Q Family Member:	Question(s) for which answers were declined by each Immediate

IMPORTANT:

- 1. No DESIGNATED PUBLIC EMPLOYEE shall be allowed to continue in his duties or to receive compensation from public funds unless he has filed an SFI with the Commission. The Commission will immediately notify your agency head if you fail to timely file.
- 2. Faxed SFIs can not be accepted.
- 3. If you are filing manually, you must submit the original plus 2 copies and a self-addressed stamped envelope. The Commission will date stamp and return 1 copy to you as proof of filing.
- 4. If you filed manually, please check to see that you answered every question. Remember, if a question is not applicable or the answer is "none", you must check the not applicable box.
- 5. If you were required to amend your SFI last year, we encourage you to carefully review your 2008 SFI before submitting it.